

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002781

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

273

Primary Registration District No.

3051

Registrar's No.

8

STATE FILE NUMBER

FILED FEB 1 1963

1. PLACE OF DEATH

a. COUNTY Perry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Perryville

Length of stay in 1b
1 Wk.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Perry Co. Mem. Hosp.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Perry

c. CITY OR TOWN Altenburg

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Reinhold

Middle C.

Last Fritsche

4. DATE OF DEATH

Month 1 Day 23 Year 63

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-23-88

9. AGE (last birthday)

74

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hatchery, Self Employed Chicken

11. BIRTHPLACE (City and state or country)

Perry Co. Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Henry Fritsche

13b. MOTHER'S MAIDEN NAME

Anna Schade

14. NAME OF HUSBAND OR WIFE

Ida A. Fritsche

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Ida Fritsche, Altenburg, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

1 wk.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-18-1959 to 1-23-1963 and last saw him alive on 1-23-1963

Death occurred at 9:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Physician or title)

J. L. Fairchild, M.D.

22b. ADDRESS

Perryville, Mo.

22c. DATE SIGNED

1-25-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1-26-63

23c. NAME OF CEMETERY OR CREMATORY

Trinity Lutheran Cem.

23d. LOCATION (City, town, or county)

Altenburg, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Young & Sons Perryville Mo

25. DATE RECD. BY LOCAL REG.

1-25-63

26. REGISTRAR'S SIGNATURE

J. J. Zallner

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

8795

8790

3

4 0

5 1

6

7 0

8 2

9331X

10

11

12 1-0

13 1-0

FEB 15 1963

JUN 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wallace Fleming

Licensed Embalmer No. 4029

P. O. Address Perryville, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.